



REDMOND FIRE DEPARTMENT PREVENTION DIVISION



UNDERGROUND/ABOVEGROUND STORAGE TANK CLOSURE CHECKLIST

Site Owner / Operator: _____ Phone Number: _____

Address: _____

Inspecting Agency: _____

Date Notified of Closure: _____ Expected Closure Date: _____

Type of Closure (circle): Temporary In-Place Removal

Reason for Closure: _____

Tank No.				
Material Stored				
Manufacturer				
Serial No.				
Capacity (gallons)				
Diameter (feet)				
Length (feet)				
Tank Material ^a	S F C J	S F C J	S F C J	S F C J
Tank Type ^b	SW DW	SW DW	SW DW	SW DW

^a Material: S = Steel F = Fiberglass C = Composite J = Jacketed

^b Type: SW = Single Wall DW = Double Wall

Temporary Closure

Tank Drained	Yes	No	Yes	No	Yes	No	Yes	No
Corrosion Protection	Yes	No	Yes	No	Yes	No	Yes	No
Vent Lines Open	Yes	No	Yes	No	Yes	No	Yes	No
Other Lines Secured	Yes	No	Yes	No	Yes	No	Yes	No
Planned Closure Time	Months		Months		Months		Months	

~ Location Address: 15670 NE 85th St. ~ Mailing Address: P.O. Box 97010 ~ Redmond, WA 98073-9710 ~

~ Inspection Requests: (425) 556-2232 ~ Inspection General Phone: (425) 556-2246 ~ Inspection Fax: (425) 556-2272 ~

~ Plan Review General Phone: (425) 556-2246 ~ Plan Review Fax: (425) 556-2272 ~

~ General Email: fpddiv@ci.redmond.wa.us ~

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Revised 9/22/03



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In-Place Closure or Closure by Removal of Tanks

Piping Drained	Yes	No	Yes	No	Yes	No	Yes	No
Tanks Emptied	Yes	No	Yes	No	Yes	No	Yes	No
Vapors Purged	Yes	No	Yes	No	Yes	No	Yes	No
Sludge Removed	Yes	No	Yes	No	Yes	No	Yes	No
Lines Removed	Yes	No	Yes	No	Yes	No	Yes	No
Visual Inspection	Yes	No	Yes	No	Yes	No	Yes	No
Soils Sampled	Yes	No	Yes	No	Yes	No	Yes	No
Ground Water Sampled	Yes	No	Yes	No	Yes	No	Yes	No

Type of inert material used to fill tanks (for in-place closure only): _____

Leaks/corrosion noted during visual inspections - other remarks: _____

Tank Excavation Contractor: _____ Contact: _____

Tank Disposal Site: _____

Liquid/Sludge Removal Contractor: _____ Contact: _____

Test Report of Contents: _____

Liquid/Sludge Disposal Site: _____

Soil/Ground Water Sampling Contractor: _____ Contact: _____

Analytical Laboratory: _____

Attach sketch showing location of tanks, piping, and soil/ground water samples.

Inspecting Agency: _____

Inspector: _____ Date: _____